

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEYATTORNEY'S DOCKET
B45320First Named Inventor:
Jacques THILLYComplete if known:
App No.:

Filing Date

Group Art Unit:

- ☐ Declaration submitted with initial filing or
- ☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL DEVICE

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT International Application Number **PCT/EP03/10349** filed 15 September 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

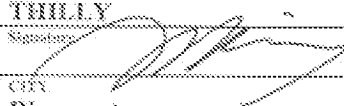
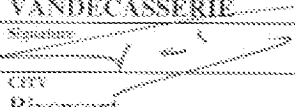
PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| Prior Foreign Application Number (s) | Country | Foreign Filing Date (MM/DD/YYYY) | PRIORITY CLAIMED |
|--------------------------------------|----------------|----------------------------------|------------------|
| 1. 0221510.1 | United Kingdom | 17 September 2002 | X |
| 2. 0221511.9 | United Kingdom | 17 September 2002 | X |
| 3. | | | |
| 4. | | | |
| 5. | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date (MM/DD/YYYY) |
|-----------------|--------------------------|
| 1. | |
| 2. | |
| 3. | |

DECLARATION FOR "371" APPLICATION

| COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY <small>Continued</small> | | | | APP/DESIGN INVENT NUMBER B45320 |
|---|-------------------------|---|---------------------------------------|---|
| <p>I hereby claim the benefit under 35 U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p> | | | | |
| PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION | | | | |
| U.S. Parent Application or PCT Parent Number | | Parent Filing Date (MM/DD/YYYY) | | STATUS (Check one) |
| | | | | <input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED |
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 23347 and Customer Number 20462 | | | | |
| Address all correspondence and telephone calls to Customer Number 20462 | | | | Direct Telephone Calls to: William Majarian 610 270 5968 |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. | | | | |
| 1 | FULL NAME OF INVENTOR | FAMILY NAME THILLY | FIRST GIVEN NAME Jacques | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE |  | | Date: 20 October 2003 |
| | RESIDENCE & CITIZENSHIP | CITY Rixensart | STATE OR FOREIGN COUNTRY BE | COUNTRY OF CITIZENSHIP BE |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road | CITY King of Prussia | STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME VANDECASSERIE | FIRST GIVEN NAME Christian | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE |  | | Date: 20/10/2003 |
| | RESIDENCE & CITIZENSHIP | CITY Rixensart | STATE OR FOREIGN COUNTRY BE | COUNTRY OF CITIZENSHIP BE |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road | CITY King of Prussia | STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US |
| 3 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature | | Date |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road | CITY King of Prussia | STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US |
| 4 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature | | Date |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road | CITY King of Prussia | STATE & ZIP CODE/COUNTRY King of Prussia |